

# Emergency Management & Hazardous Materials Training Application

*Please complete one application per course or per person. You may duplicate if needed.*

## PART 1 Please fill this part for all courses

**Course or Workshop Title:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Pager Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of Student **(Required)** - Certifying acceptance of the attendance and cancellation policies.

X \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2 Please fill this part for hazmat and fee courses

☐ Public Sector ☐ Private Sector ☐ Fed. Government

**LODGING:** If your lodging needs change from that indicated below, you must contact the Training Center. You will be responsible for the entire cost of lodging if you fail to notify us of changes or cancellations at least 7 working days prior to the course. Double occupancy lodging will be arranged by the Hazardous Materials Training Center for on-site schedule courses only.

☐ I will require lodging for the following nights: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ I **DO NOT** require lodging

☐ Female ☐ Male

Federal ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Organization or party responsible for Billing: \_\_\_\_\_ Signature **(Required)** of financial officer: \_\_\_\_\_

X \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Employer **(Required)** - Certifying completion of prerequisites, if applicable (attach certificates)

X \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Employer **(Required)** - Certifying compliance with medical surveillance requirements of MIOSHA rules, if applicable

X \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Employer **(Required)** - Certifying acceptance of the attendance and cancellation policies

X \_\_\_\_\_ Title: \_\_\_\_\_

## PLEASE MAKE CHECKS PAYABLE TO "STATE OF MICHIGAN"

Method of Payment: Check # \_\_\_\_\_ PO# if known: \_\_\_\_\_

☐ Mastercard ☐ Visa ☐ Please Send Invoice Total Enclosed \_\_\_\_\_  
☐ Corporate Card ☐ Personal Card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

If you are faxing and application to secure your seat in a class **AND/OR** indicate a credit card payment, fax it to: 517-322-6442; otherwise, mail your completed application, with payment **and invoice**, to: MICHIGAN STATE POLICE, MANAGEMENT SERVICES DIVISION  
ATTN: CASHIER'S OFFICE, 714 S. HARRISON ROAD  
EAST LANSING, MICHIGAN 48823

Reserved for MSP Management Services Division

Index: 28700 PCA: 28930

PLEASE DIRECT QUESTIONS TO (517) 322-1190, mail the original application and your payment. **You may fax your application to (517) 322-6442 to reserve a spot.**

You will receive a letter indicating your acceptance status with further course information approximately 14 days prior to the course. Please complete a separate application for each course or workshop for which you are applying.

**NOTE: FAILURE TO CANCEL OR "NO SHOWS" WILL BE CHARGED THE FULL COST OF THE COURSE.**

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF  
CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL  
PRIVACY ACT.

AUTHORITY: 1976 PA 390, AS AMENDED.  
COMPLIANCE: VOLUNTARY

For HMTC Office Use Only

Check # \_\_\_\_\_ Control# \_\_\_\_\_